

TUTORING AND MENTORING PERMISSION FORM



Provided by *Embudo Valley Tutoring Association*

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The Embudo Valley Tutoring Association (EVTA) is a local non-profit organization working to create a community where each child has an equal chance to succeed in education. Funded by grants and donations, EVTA has been working with schools and libraries since 2004 to provide free tutoring support to high priority children and youth. Our tutors are trained, many of them being retired teachers.

PLEASE PRINT CLEARLY

I, _____ (print name) authorize my child, _____ (print name) to participate in EVTA Tutoring/mentoring Program. I agree that he/she will regularly attend tutoring/mentoring sessions as scheduled, and if he/she is unable to attend, I will notify the tutor/mentor in advance by telephone or email. Please be advised that after two (2) missed sessions with no timely communication with the tutor, EVTA reserves the right to terminate services.

Subject area(s) of need: _____ Grade: _____

Teacher name: _____ School: _____

Teacher email: _____

Tutoring will take place at this site: _____

1. For in person tutoring/mentoring: please give permission for your child to meet with a tutor/mentor at the designated site. _____ **Initial** _____

2. Progress monitoring by tutor/mentors: Please authorize EVTA personnel to assess your child according to her/his service needs (pre/post/progress monitoring) **Initial** _____

3. Test scores: Please authorize the release of grades and testing scores to EVTA to be used in internal program evaluation and the reporting of the effectiveness of the program to potential funders. **Initial** _____

4. Photos and videos: EVTA may periodically take photographs or videos of students to use for informational pamphlets or to provide evidence of work to funders. **Initial** _____

5. Behavior: Please understand that Embudo Valley Tutoring Association reserves the right to terminate the service if behavior problems or more than two absences -- without notification of the tutor -- interfere with the tutor's ability to provide academic/mentoring support. **Initial** _____

PLEASE PRINT CLEARLY

Parent/Guardian Signature _____ Today's Date: _____

Parent/Guardian phone: _____ Parent/Guardian email: _____

Relationship to student: _____ Legal guardian? (circle one) (yes/no)

Hometown: _____ zip code of hometown: _____